

# KANSAS IMMUNIZATION PROGRAM VACCINES FOR CHILDREN ANNUAL ENROLLMENT

## PROVIDERS PRACTICING AT THIS FACILITY

Complete the list of all licensed health care providers (MD, DO, NP and PA) at your facility who have prescribing authority.

First Name:		Last Name:		E-mail:	
License No:	NPI No:	Medicaid ID:	Specialty		Title

First Name:		Last Name:		E-mail:	
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